

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

17930

FILED JUN 15 1943

**1. PLACE OF DEATH**

County Grundy  
Township Franklin  
City Spickard mo (No. ....)

Registration District No. 325 131  
Primary Registration District No. 4776 4262

File No. ....  
Registered No. 24 15  
St. .... Ward) 5

**2. FULL NAME**

MERTIE BELLE HAMILTON

(a) Residence, No. ....  
(Usual place of abode) life time

St. .... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF OTTO HAMILTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12-1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) Nov 1941 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co

13. NAME THOMAS BARNES  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME SUSAN-ARSTIN  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co

17. INFORMANT ICY-BOSLEY  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mercer County DATE Mar 28 1943

19. UNDERTAKER H.S. Peterson  
(ADDRESS) Grundy Co

20. FILED 11-19 John E. Keith Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1943

22. I HEREBY CERTIFY, That I attended deceased from March 5 1943, to March 25 1943  
I last saw her alive on March 25 1943 Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Mar 5 1943

Other contributory causes of importance: none

Name of operation ✓ Date of ✓  
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury ✓ 1943  
Where did injury occur? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify ✓  
(Signed) C. L. McLaughlin M. D.  
(Address) Spickard, Missouri

by 429.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2. February 1

From the ... ..

11

...

...

...

...

...

...

...

...

...

...

...

...